

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 1 - 4 5</u>	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2001	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 447, Subpart D, 447.333	7. FEDERAL BUDGET IMPACT: a. FFY _____ \$ _____ b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 3a (01-45)	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 3a (00-11) <i>Missouri (01-45)</i>
10. SUBJECT OF AMENDMENT: Drug Services <i>Approved: 07/09/02</i> <i>Effective: 01/01/02</i>	

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ee*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>	16. RETURN TO:
13. TYPE NAME: Dana Katherine Martin	
14. TITLE: Director	
15. DATE SUBMITTED: December 21, 2001	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-28-01	18. DATE APPROVED: <i>7/9/02</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 0/01/01	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Jackie Seay Fox</i>
21. TYPED NAME: Thomas W. Lenz	22. TITLE: ARA for Medicaid & State Operations

23. REMARKS:

CC:
Martin
Vadner
Waite
CO
DSG/DIATA

SPA CONTROL

Date Submitted: 12-21-01
Date Received: 12-28-01

State: Missouri

- (B) Price(s) included on the Drug Pricing File which are derived from one (1) or more of the following:
1. Average Wholesale Price (AWP) as furnished by the state's contracted agent less 10.43 percent; or
 2. Wholesaler Acquisition Cost (WAC) as furnished by the state's contracted agent plus 10 percent; or
 3. Federal Upper Limit (FUL);

Reimbursement for other covered drugs will be made at the lower of the -

- (A) Usual and customary share as billed by the provider; or
- (B) Price(s) included on the Drug Pricing File which are derived from one (1) or more of the following:
1. Average Wholesale Price (AWP) as furnished by the state's contracted agent less 10.43 percent; or
 2. Wholesaler Acquisition Cost (WAC) as furnished by the state's contracted agent plus 10 percent; or
 3. Missouri State Maximum Allowable (State MAC) as determined by the state agency for selected multiple-source drugs.

The professional dispensing fee permitted will be the applicable fee at the time the prescription is being filled.

Pharmacy providers are required to provide a credit to the state agency for medications dispensed on behalf of Missouri Medicaid beneficiaries in nursing facilities that are subsequently returned and which, in compliance with applicable state and federal law and regulation and in the pharmacist's professional judgement, may be reused. Providers will be reimbursed an amount not to exceed \$4.24 as a handling fee for submitting each credit, when the ingredient cost of the returned medication equals or exceeds that amount. The federal portion of any credits received under this policy will be returned as required in accordance with other recovery and financial accounting procedures.

State Plan TN# 01-45
Supersedes TN# 00-11

Effective Date October 1, 2001
Approval Date Jul 9 2002